

Disease Surveillance Objectives

1. To identify the earliest case of influenza A in the state (county) and report/feedback data as available.
2. To characterize the level of influenza activity throughout influenza season from start to finish and report/feedback data as available during the season.
3. To identify institutional and community-based outbreaks of influenza and report/feedback information on circulating strains as available during the season.
4. To determine if early season, outbreak, and late season strains are vaccine-strain or non-vaccine-strain and report/feedback information as available during the season.
5. To contribute to the global (WHO) effort to identify appropriate strains of influenza vaccine to formulate vaccine composition recommendations for the coming year.
6. To identify enhanced surveillance techniques to supplement and improve information on influenza in West Virginia.

Take home points:

Disease surveillance is an active process and must be maintained

At DIDE, we report each week by 12 noon on Tuesday the activity level of influenza in the state to CDC. To report accurately the level of influenza activity in the state of West Virginia we need several key pieces of information:

1. County level ILI activity
2. Sentinel provider percentage of visits for ILI
3. Number and type of influenza specimens that local hospitals and referral labs are seeing
4. The number and type of specimens being processed by OLS. This gives us an idea of what type and subtype each county is experiencing

You can help to make these numbers as accurate as possible by:

1. Monitoring your sentinel provider's reporting, check in with them to see if they have and questions or issues
 - a. Remind them to log on to CDC U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) <http://www2a.cdc.gov/ilinet/> . If they don't fax their numbers or log into the CDC website, the CDC is not getting the provider's numbers.
 - i. Reporting their numbers to you does not count in the CDC sentinel provider data
 - ii. Reporting their numbers to you will go into the data that you give to us that is a different surveillance tool
 - b. Report the number of patients seen for ILI, broken down into age groups, and the total number of patients seen.
 - c. Remind them that if they didn't see any patients with ILI, for them to report 0 and then the total number of patients seen
 - d. Remind them to send 2 positive influenza A samples to OLS for subtyping

Consistent and on time reporting is very important. The ILI activity map published by the CDC is calculated from the proportion of visits to outpatient clinics due to ILI, and the number of standard deviations from the mean proportion during non-influenza weeks. Provider baselines are calculated for providers with sufficient reporting history (at least 10 non-zero patient visits during the last season) those that don't have a sufficient reporting history are assigned a baseline for the type of practice. This may or may not be a valid representation of ILI visits for the state.

2. Report ILI numbers gathered from your county's providers, schools and other sources by close of business Monday.
 - a. These numbers are the total number of patients seen for ILI and the total number of providers reporting these numbers
 - b. These numbers are considered when we make our determination of ILI activity in the state.
3. Report all outbreaks to DIDE
 - a. Maintain close contact with the facility
 - b. Remind the facility to gather 8-10 nasopharyngeal swabs on recently ill cases (within 72 hours), before antiviral treatment if possible, to send to OLS for subtyping
 - c. Remind them that a line list is an excellent tool for following the outbreak. It will also help them and for assess control measures and treatment.
 - d. Either direct the facility to our website for additional information on antiviral prophylaxis and infection control practices or print out a copy and deliver it with the influenza testing kits